

PART B – FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26191 7590

09/21/2004

FISH & RICHARDSON P.C., P.A.
60 SOUTH SIXTH STREET
SUITE 3300
MINNEAPOLIS, MN 55402



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Jill Huso	(Depositor's name)
<i>Jill Huso</i>	
(Signature)	
11/15/2004	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/503,559	02/11/2000	Roland Valdes Jr.	17541-005001	6803

TITLE OF INVENTION: DIHYDROQUABAIN-LIKE FACTOR AND DIAGNOSTIC & THERAPEUTIC COMPOSITIONS AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$0	\$685	12/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WINKLER, U.	1648	514-026000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

University of Louisville Research Foundation, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Louisville, Kentucky

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050. (enclose an extra copy of this form).

Director of Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Ann S. Viksnins
37,748

(Date) November 18, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

11/18/2004 ZJUHAR2 00000064 09503559

01 FC:2501
02 FC:8001

685.00 OP
30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Roland Valdes Jr. et al. Art Unit : 1648
Serial No. : 09/503,559 Examiner : U. Winkler
Filed : February 11, 2000
Title : DIHYDROOUABAIN-LIKE FACTOR AND DIAGNOSTIC & THERAPEUTIC COMPOSITIONS AND METHODS

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

The following documents relating to this application are enclosed.

1. Response to Notice of Allowance (1 page);
2. Part B- Fee Transmittal (1 page);
3. Check in the amount of \$715 (\$685 for issue fee and \$30 for patent copies); and
4. Postcard.

Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: 15 November 2004

Ann S. Viksnins
Reg. No. 37,748

Fish & Richardson P.C., P.A.
60 South Sixth Street
Suite 3300
Minneapolis, MN 55402
Telephone: (612) 335-5070
Facsimile: (612) 288-9696
60258211.doc

CERTIFICATE OF MAILING BY FIRST CLASS MAIL
I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

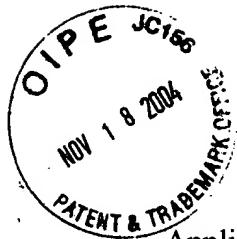
November 15, 2004

Date of Deposit

Signature

Jill Huso

Typed or Printed Name of Person Signing Certificate



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Roland Valdes Jr. et al.
Serial No. : 09/503,559
Filed : February 11, 2000

Art Unit : 1648
Examiner : U. Winkler
Confirmation No.: 6803

Notice of Allowance Date: September 21, 2004

Title : DIHYDROOUABAIN-LIKE FACTOR AND DIAGNOSTIC & THERAPEUTIC COMPOSITIONS AND METHODS

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed September 21, 2004, enclosed are a completed issue fee transmittal form PTOL-85b and a check for \$715 for the required fee, including patent copies.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

Date: 15 November 2004

Ann S. Viksnins
Reg. No. 37,748

Fish & Richardson P.C., P.A.
60 South Sixth Street
Suite 3300
Minneapolis, MN 55402
Telephone: (612) 335-5070
Facsimile: (612) 288-9696

60258205.doc

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

November 15, 2004

Date of Deposit

Signature

Jill Huso

Typed or Printed Name of Person Signing Certificate